

Internal Audit Standards Board

The Institute of Chartered Accountants of India

REGISTRATIONFORM

Certificate Course on Concurrent Audit of Banks

2. Gender(put ✓ mark): ☐☐ 3. Date of Birth :	Male	Fema	ale
4. ProfessionalDetails:			
a.Designation :			
b.Organisation :			Affix recent passport size photograph
c.Address :			Size protograpii
d.NatureofDuties :			
5. Member Details:			
a. MembershipNumber:			
b. Membershipstatus(put √mark)FCA		AC	CA
c. AnyotherQualifications			_
6. PhoneNo.:	Mobile:		

ACKNOWLEDGEMENT

(for officeuseonly)

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We acknowledge the receipt	of the Registration I	Form for the	Certificate	e Courseon
Concurrent	Audit	of		Banksfrom
Mr./Ms	on//	2017along v	with the	
DemandDraft/Pay	Order/Cheque			
No	forRupees			
Date : Place :		1	NodalOffic	cer

7. l	E-mailaddress	:										
8.	DetailsofCourse	Fees:										
	D.D./Pay Order/C	Cheque	No				Dat	ed				
	Amountin(Rs.)	:										
	Drawn on Bank	:										
	Branch	:										
No	tes:											
1.	LimitedSeats, regi	strationw	ill beonfi	rst com	e-firsts	servebasi	is.					
2.	Fee Structure: Fees without Accommodation w.e.f July 1, 2016:											
	For Members of Young Members		(other	than	decl	aration f	or fees	con	cessi	ion)		
	Metro Cities R	'e 1	5 000	ner	Metr	o Cities		R۹	12 0	00 ne	r narticin	ant +

Cheque/ DD for fee should be drawn in favor of Secretary, ICAI, payable at Delhi and should be sent to respective branch. Please mention your name, membership no and mobile no on the back of the Cheque/ DD.

Non-Metro Cities

18% GST

18% GST

Rs. 10,000 per participant

participant + 18% GST

participant + 18% GST

Rs. 12,500

Non-Metro

Cities

- *I. Chartered Accountant up to the age of 30 years on 1st January of every calendar year will be considered as Young Member i.e. Members born on or after 1.1.1987 will be considered as young member for calendar year 2017.
- II. The members who are suffering from permanent disability of 50% and above be treated at par with young members and all those concessions which are available to the young members may be extended to such members provided such member is not a partner in a firm.
- 3. Enclose Self Attested Photocopy of the Institute I-Card or Membership Letter or Membership Certificate.
- 4. In case of members who are suffering from permanent disability of 50% and above, please enclose copy of certificate of permanent disability.

ONLY FOR YOUNG MEMBERS OF THE ICAI

DESCRIPTION
I,hereby declare that I am eligible to pay registration fees of Rs. 12,000/ Rs. 10,000 (+ 18% GST) for the Certificate Course on Concurrent Audit ofBanksas per the applicableguidelines of the Institute for the Young Members
of the ICAI.

Date:	
Place:	(SignatureoftheParticipant)

Note: In case of wrong declaration given by member, it would be treated as professional misconduct and strict action would be taken against him/her.